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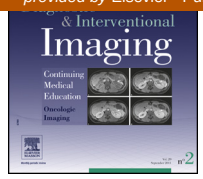

CONTINUING EDUCATION PROGRAM: EDITORIAL

The virtuous circle of building evidence in abdominal interventional radiology

This issue of *Diagnostic and Interventional Imaging* is entirely devoted to interventional imaging of the abdomen. This is clearly a strong indicator of a growing interest in the radiological and medical communities for minimally invasive therapies. It is interesting to note that these therapies are not new, and most of them were developed by glorious French pioneers such as Professor Alain Roche and Professor Claude Lherminé among many others. Thanks to them, since the early 1980s, imaging has been moving from diagnosis to therapy and a common language, a common education beyond imaging is needed in order to better communicate and collaborate with physicians from other specialties. As radiologists, we need a deep knowledge regarding voxels, signal, functional imaging, but as therapists we need to know about time to progression (TTP), overall survival (OS) and Easter Cooperative Oncology Group (ECOG) performance status. As a consequence, we must now have a deep knowledge of imaging at large and be able to evaluate OS curves as well as MR images.

Pioneers in the field of interventional imaging early understood the need for building evidence through proper research and the need for collaboration with other specialists like hepatologists, gastroenterologists and oncologists who have a well acknowledged rigorous approach to medical practices. This has been a strong background for the next generation and also for the industry, which supports actively research in this field. Radioembolization with $^{Y}90$, as explained in this issue by Vesselle et al., is a very good example of this virtuous circle [1]. The small to mid-size companies that handle these radioelements have understood very early the need of randomized trials in the era of evidence-based medicine. In this regard, the results of the SIRFLOX trial designed to evaluate whether FOLFOX chemotherapy in combination with selective internal radiation therapy is more effective than chemotherapy alone will be presented this year at the ASCO meeting in Chicago. Similarly, the French SARAH trial was designed to compare Sorafenib versus radioembolization in advanced hepatocellular carcinoma and has finished the recruitment phase. These two comparative trials illustrate that high-quality medical evidence changes medical practice and will provide for adequate reimbursement of procedures and devices and will then allow further financial investment in research and product development. This virtuous circle helps the development of new techniques [2] or new devices in partnership with the industry [3].

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This issue of *Diagnostic and Interventional Imaging* is clearly the sign of the fantastic enthusiasm of our young colleagues. It illustrates that our treatments are sometimes partnered with other specialties as reported by Oldrini et al. [4], with radiotherapists for placement of fiducial markers before stereotactic body radiation therapy, but often competitors of surgery as presented by Seror [5] and de Baere et al. for ablation [6]. In order to be part of recommended medical practice, interventional radiologists must produce high-quality research to better defend, develop, promote our practice, discover new techniques and explore new horizons, which are the future of our specialty.

Research is not an option, it is a vital need!

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